PTO/SB/01 (08-03) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

IPG-051112

McNicholl

COMPLETE IF KNOWN

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DECLARATION FOR UTILITY OR

DESIGN

Attorney Docket Number

First Named Inventor

PATENT APPLICATION			COMPLETE IF KNOWN					
(37 CFR 1.63)			n Number N/A	1				
X Declaration	Declaration		e Jur	June 9, 2005				
With Initial	Submitted لـــــا Filing (surc	harge Art Unit	, N/A	N/A				
Filing	(37 CFR 1, required)	16 (e)) Examiner	Name N/A					
I hereby declare that:								
Each inventor's residence, mailir	ng address, an	d citizenship are as stated I	pelow next to their n	ame				
I believe the inventor(s) named t								
which a patent is sought on the i	nvention entitle	ed:						
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A DEVICE FOR TEMPORAR	ILY SHIELDIN	G THE END OF A SURGIC	AL INSTRUMENT S	HARP				
L		(Till f Al - I C)						
the specification of which		(Title of the Invention)						
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X is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Was med on (WWW.DD/11	`''	as officed off	ates Application Num	Del OI FOT International				
And the state of t								
Application Number	ar	nd was amended on (MM/D	D/YYYY) [(if applicable).				
I hereby state that I have review	ed and unders	and the contents of the abo	ve identified specific	cation, including the claims,				
as amended by any amendment	specifically re	ferred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior								
application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any								
l Toreign application for patent, inventor's or plant preeder's rights certificate(s), or any PCT international application having a l								
filing date before that of the application on which priority is claimed.								
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?				
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	Yes No				
0228709.2 0318815.8	- GB	12/09/2002						

(Page 1 of 2)

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: X Customer Number: 30981 OR Correspondence address below						dence address below				
Name William L. King III					•					
Address 170 College Avenue, Suite 230										
City Holland	•				State MI				ZIP 49423	
Country US		Telephone (616) 355-0400	•			Fax (616) 35	5-9862			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	IVENTOR:	A	petiti	on has	been t	filed for th	is unsi	gned inv	ventor	
Given Name (first and middle [if any]) Brian				Family Name or Surname McNicho			holl	ıoll		
Inventor's Signature							Date			
Residence: City Belfast	State			Country UK			Citizenship UK			
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City Belfast	State			ZIP BT9 6JH				Country UK		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						signed inventor				
Given Name (first and middle [if any])			<u> </u>	Family Name or Surname						
Inventor's Signature								Date		
Residence: City	State			Country		Citiz	Citizenship			
Mailing Address										
City	State			ZIP			Cou	Country		
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.										

PTO/SB/81 (09-03)

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	N/A
Filing Date	June 9, 2005
First Named Inventor	McNicholl
Title	A Device for Temporarily Shielding the End of a Surgical Instrument Sharp
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	IPG-051112

I hereby ap	point:			•				•
X Practiti	ioners associated	with the Customer Number:		3098	31			
OR								
Practiti	ioner(s) named be	elow:						
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as my/our a	ittorney(s) or ager Office connected	it(s) to prosecute the application	identified above	e, and to tr	ansact all busine	ess in the	e United States P	atent and
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	licant/Inventor							
Assi	ignee of record of	the entire interest See 37 CFR	9 3 71					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
	****	SIGNATURE of A	pplicant or Ass	ignee of I	Record			_
Name	Brian McNicholl							
Signature					*			
Date			-		Telephone			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
X *Total o	of 1 forms	are submitted.						

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